

Dealer's Liquid Petroleum Gas Tax Report

This report is due

▶ 2. Company Name and Mailing Address

▶ 1. Report Period (MM/CCYY)	
▶ 3. Account Number (FEIN or TR)	
4. Contact Person Name	
5. Telephone Number	6. Fax Number
7. E-mail Address	

INSTRUCTIONS: All licensed LPG dealers must file this report with remittance on or before the 20th day of the month following the end of the reporting period. File even if no tax is due. Failure to file is punishable by penalty, interest and revocation of your license. Complete all applicable items.

DIRECT SALES OR DELIVERY TO MOTOR VEHICLES

8. L.P. gas sold or delivered by placing into a permanently attached fuel supply tank of a motor vehicle ▶ 8. _____
9. L.P. gas sold or delivered by exchanging or replacing the fuel supply tank of a motor vehicle ▶ 9. _____

SALES TO STORAGE FACILITIES

10. L.P. gas delivered into a storage facility used exclusively for resale to or for use by motor vehicles (itemize on page 2) ▶ 10. _____

COMPANY USE

11. L.P. gas withdrawn from cargo container of truck, trailer or semi-trailer for operation of motor vehicles (itemize on page 2) ▶ 11. _____
12. L.P. gas delivered to company-owned motor vehicles (itemize on page 2) ▶ 12. _____

You must complete lines 13 through 17.

13. Gross taxable gallons. Add lines 8 through 12 ▶ 13. _____

TAX COMPUTATION

14. Tax due at 15 cents per gallon (line 13 x .15) ▶ 14. \$ _____
15. Penalty (5% of tax due per month to a maximum of 25%.) ▶ 15. \$ _____
16. Interest (1% above prime rate set January 1 and July 1 of each year) ▶ 16. \$ _____
17. **TOTAL REMITTANCE.** Add lines 14 through 16 **PAY ▶ 17.** \$ _____

CERTIFICATION

I certify under penalty of perjury, that I have examined this return, and to the best of my knowledge and belief, it is true and complete.			
▶ <input type="checkbox"/> I authorize Treasury to discuss my return and attachments with my preparer.		<input type="checkbox"/> Do not discuss my return with my preparer.	
▶ Authorized Signature		Preparer's Signature	Preparer's FEIN
Printed Name	Date	Printed Name	Date
Title	Telephone Number	Address	Telephone Number

Make check payable to "State of Michigan-Motor Fuel."
Print your account number on the front of your check.

MAIL WITH REMITTANCE TO:
Michigan Department of Treasury
P.O. Box 77401
Detroit, Michigan 48278

MAIL ZERO RETURN TO:
Customer Contact Division-Special Taxes
Michigan Department of Treasury
Lansing, Michigan 48922

Questions??? Call (517) 636-4600

Company Name	Report Period (MM/CC/YY)	Account Number (FEIN or TR)
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I. DETAIL OF SALES TO STORAGE FACILITIES (LINE 10, page 1)

Date	Invoice Number	Number of Gallons	Sold To: Name and Complete Address
Enter total gallons here and on line 10, page 1.			

II. DETAIL OF NON-TAXABLE SALES (LINE 5, page 2)

Date	Invoice Number	Number of Gallons	Sold To: Name and Complete Address
Enter total gallons here and on line 5, page 2.			

III. DETAIL OF COMPANY USE (LINE 11, page 1)

VEHICLE LICENSE PLATE NO. ▶					
1. Miles per quarter, per vehicle					
2. Meter reading last day of quarter					
3. Meter reading first day of quarter					
4. Gallons Used (subtract line 3 from line 2)					
5. Gallons reported for non-taxable sales (itemized above section II)					
6. Total gallons used (subtract line 5 from line 4)					
7. Total Gallons: Add "Gallons Used" in each column of line 6. Enter here and on line 11, page 1.					

IV. DETAIL OF COMPANY USE (LINE 12, page 1)

VEHICLE LICENSE PLATE NO. ▶					
1. Miles per quarter, per vehicle					
2. Meter reading last day of quarter					
3. Meter reading first day of quarter					
4. Gallons Used (subtract line 3 from line 2)					
5. Gallons reported for non-taxable sales (itemized above section II)					
6. Total gallons used (subtract line 5 from line 4)					
7. Total Gallons: Add "Gallons Used" in each column of line 4. Enter here and on line 12, page 1.					